The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIV MARCH, 1958 No. 3

WESSON MEMORIAL HOSPITAL

(For new addition, see page 18)

ATTENTION COMMITTEE CHAIRMEN! *

In order to shorten the coming Annual Meeting the Executive Committee recently voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only two requirements are; (1) that the report not exceed the maximum of 300 words, and (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 22.

Reports containing "recommendations" will still have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will report instead to their respective Parent Committees.

Your co-operation is urgently requested. Allen G. Rice, Secretary

*Reprinted from February issue.

MENTAL CLINIC AT MUNICIPAL HOSPITAL

According to The Springfield Union of Feb 28 "Dr. Jack Ewalt, state mental health commissioner, has notified Municipal Hospital trustees of his approval of the hospital as the site of an adult psychiatric outpatient clinic for which the Legislature has appropriated the initial $20,000, it was learned last night."

The Union goes on to say that "The legislative enabling act providing for the establishment of the clinic or other use of the appropriation was approved last year. The Hampden District Medical Society in 1956 initiated the legislation."

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Hampden Hippocrat

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This Issue 750 Copies

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MEDICO-LEGAL CODE

Accompanying this issue, there is a SUPPLEMENT well deserving of our closest scrutiny and consideration.

Its title is "The Proposed Medico-Legal Code of Hampden County". It was formulated jointly by the Hampden District Medical Society and the Hamden Bar Association, whose membership also will receive copies of this Code. At the Annual Meeting of the District Society (April 22), we will be called upon to approve it or to disapprove it.

Briefly, this code is a " . . . . declaration of principles as standards of proper conduct for lawyers, doctors and others . . . . " It was born of the deep conviction that situations often arise when the public can be best served by the combined and co-operative effort of the doctor and the lawyer. The two professions also stand to gain a great deal from this code, according to which we, as physicians, pledge ourselves to furnish all authorized medical reports, to confer with the attorney whenever necessary and to testify in court ethically, honestly and courteously. The attorney for his part promises similar conduct. He promises also to protect the interests of the physician as much as possible, including compensation for medical reports, for examination of the patient and for court testimony, expert and otherwise. Finally, the patient is afforded an opportunity to show his good faith by authorizing the attorney to compensate the physician . . . . "from the proceeds of any recovery in my case".

A number of other benefits can be envisioned from this code not the least of which is the improvement of our relations with the legal profession. It should also serve to lay a more sound foundation for the bi-professional malpractice program now being projected.

It is sincerely hoped that every member will study the SUPPLEMENT carefully, and will come to the Annual Meeting prepared to act on it intelligently and expediently. In the meantime, Dr. Wayne Barnes, Chairman of the Committee on Malpractice and Medico-Legal Affairs will be more than glad to receive whatever suggestions or criticisms the membership may have to offer. M.

Address Business Correspondence to:

John E. Leary, M. D.
302 Sumner Avenue
Springfield 8, Mass.
Telephone: RE 4-3381

CLINICAL AND PERSONAL

Academy

Speaker at the April 8 meeting of the Springfield Academy of Medicine will be Robert E. Cooke, M. D., Pediatrician in Chief, Johns Hopkins Hospital, and Professor of Pediatrics, Johns Hopkins University School of Medicine. His topic will be "Water and Electrolyte Balance". The Premeeting Clinic that afternoon will be held at the Wesson Memorial Hospital, 5 P. M. The topic will be "Chronic Renal Disease".

Post-Graduate Course

A two day post-graduate course will be held at the Massachusetts Mutual Life Insurance Company, 1295 State Street, Springfield, on Wednesday and Thursday, March 26 and 27, 1958. This course is sponsored by the Western Chapter of the Massachusetts Heart Association. It is open to physicians who are affiliated with the Heart Association on payment of a $10 registration fee. The course is limited to 30 physicians.

First session (March 26) will be devoted to Congenital Heart Disease. Participants will be Dr. Martin H. Wittenborg, Dr. Luther Lengino and Dr. Abraham N. Rudolph. The second session (March 27) will concern itself with the "Use of Diuretics in Congestive Heart Failure", and will be conducted by Dr. Norman Bank, Dr. Daniel Tassel and Dr. Richard Hays.

A postgraduate course in Obstetrics and Pediatrics will be conducted by the Massachusetts Department of Public Health on April 17 and 18. Place: Boston Lying-in Hospital and Children's Medical Center. A detailed program will be sent to all who register.

NEW BOOKS AT ACADEMY LIBRARY

The following books are among those recently acquired by the Academy Library.

Clinical Recognition and Management of Disturbances of Body Fluids —Bland

Clinical Urography—Braasch and Emmett

Gynecologic Cancer—Corscaden

Practical Clinical Psychiatry—Ewalt

Modern Therapy in Neurology—Forster

Diseases of the Heart—Friedberg

Psychosomatic Gynecology—Kroger and Freed

Atlas of Clinical Endocrinology—Lisser and Escamilla

Progress in Gynecology Vol. III —Meigs and Sturgis

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A number of Bills are now pending in the State Legislature which if enacted will bring a great deal of hardship to hospitals and will seriously interfere with their freedom of operation. A partial list follows:

S 450. Authorizes Commissioner of Public Health to regulate rates to be charged for hospital facilities.

H 1418. Provides that requested records of hospitals be in typewritten form. (Note: Present law makes no specification as to form).

H 1422. Provides that hospital records must be either typed or printed. (Note: Under present law they may also be in handwriting).

H 1433. Would require attendance at all times of a doctor, in hospitals.

H 443. Provides that **real estate** used for housing of students or personnel, and **personal property** located in this real estate shall **not** be exempt from local taxation.

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FEBRUARY (4)
MEETING HIGHLIGHTS

Place: Roger Smith Hotel, Holyoke . . . . Attendance: 215 against 183 reservations . . . . Result: mild case of chaos and confusion . . . .

Guest speaker is Attorney Joseph Schneider, past president of Massachusetts Bar Association . . . . Topic is "Malpractice" . . . . Bar Association and Mass. Medical Society are trying hard to work out single code of conduct for both professions . . . . Legal profession is also target for malpractice suits, but to less degree . . . . Five types of cases that invite medical malpractice suits are: "Case of the Wall of Silence" . . . . "Case of Pure Mistake" . . . . "Case of Unnecessary Concealment" . . . . "Case of Doctor who Flees in Fright" . . . . "Case of the too-busy Doctor" . . . . Talk admirably presented and very well received . . . .

Dr. Derby reports for Rehabilitation Committee . . . . District and United Fund Committees have reached following joint agreement: Rehabilitation to be total in character . . . . under direct supervision of medical profession . . . . under local autonomy . . . . and initiated at Municipal Hospital, Springfield . . . . He reads exchange correspondence with President Allman of A.M.A. . . . .

Motion by Dr. Whitney to accept Dr. Derby's report arouses stormy debate . . . . Drs. Allan, Derby, Cheney, Kruger, Whiting, Putnam, Mahoney, Palermo and Rapinchunk participate . . . . Most of opposition comes from supporters of Hampden District Mental Health Clinic . . . . Deftness, gavel, and "Robert's Rules" help President Johnson keep matters under control . . . . Motion, which is finally carried, reads: "acceptance of the report of Rehabilitation Committee; confidence in that committee; reaffirmation of its efforts to obtain the State Psychiatric Clinic in a setting of rehabilitation at the Springfield Municipal Hospital, and that the Massachusetts Commissioner of Mental Health, Jack Ewalt, be so notified" . . . . 109 cast their ballot.

Dr. Samuel Feldman, in the absence of Dr. William Donoghue, reports for Blue Shield Committee. (See page 20) . . . . Meeting adjourns 11:40 p. m.

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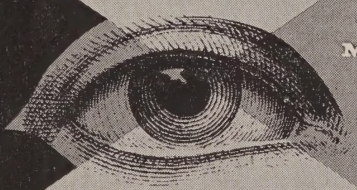

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FUTURE MEETINGS: TWO VIEWPOINTS

Dear Hippocrat:

The February 4th meeting of our District Society was conducted in a straightforward democratic and parliamentary manner. Debate was well controlled and everyone who wished to speak was heard. There were, however, two shortcomings. First of all the meeting lasted too long. We adjourned 11:40 P. M., forcing many members with early morning schedules to leave before the end of the meeting. Secondly, business of vital interest to the Society, was either not introduced at all or was skimmed over lightly because of the lateness of the hour. The very important report of the Blue Shield Committee was by necessity brushed off without discussion. Then again, as rumored later, the matter of the Soldiers' Home might have come up had time permitted.

It is difficult to think of a time when our Society was confronted with so many important issues and problems. An agenda including topics such as Blue Shield, Social Security, Legislative items, Soldiers' Home and the like would, I believe, invite good attendance and lively discussions. Let the Academy take care of scientific programming, and let us omit guest speakers, at least for the time being. Let us have meetings with sufficient time to discuss other matters adequately and thoroughly.

Dear Hippocrat:

Agendas for stated meetings of the Hampden District Medical Society have grown so much in length during the past few years that grave questions arise as to the wisdom of inviting guest speakers to future meetings. With rare exceptions, our speakers are busy men who must hasten back to their regular assignments. That means that program priority must be theirs. For a number of meetings now, this has meant that the business sessions have not begun until 9.30 P. M. or later when not a few fellows start their own treks homeward to answer urgent calls, to patients or to T-V. programs. By the time everyone has been heard the voters have dwindled. Adjournment all too frequently has come long after eleven o'clock.

Is it not, therefore, high time that the problem of planning future programs be restudied with a view toward providing equal facility for post-graduate study and the transaction of necessary business? For the benefit of such a study, the figures supplied by the 1957 Nationwide Survey of the A. M. A. herewith are added. Out of a total of 968 county district societies, there were 87 with a membership in excess of three hundred such as ours. Of these, 67 hold regular monthly meetings, and only six of them quarterly. The more frequent meetings might help in reducing length of each session. The Norfolk District has succeeded through intelligent planning in holding good monthly meetings.

During the last two years, wider attention has been paid to socio-economic

(continued on page 10)

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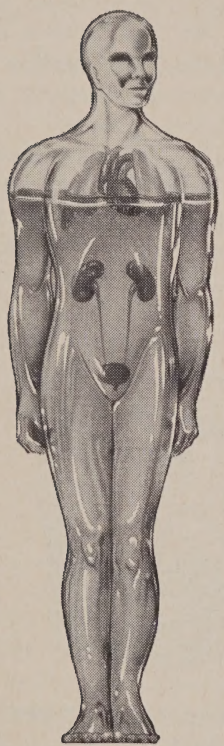

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problems. Both large and small societies however, still favor meetings that feature scientific material, (34 large, and 184 of the 344 groups of 15 to 49 members,). Well known speakers draw best in both groups and highly specialized speakers least. The smaller societies excelled in attendance records, (between 50 and 74%), while the large ones were bogged down in the vicinity of 25%. For comparison, the attendance records of the last three meetings in Hampden were 212, 59 and 215, out of a 483 total, i.e. a range from 44 down to 12%. The latter figure is a most ungallant tribute to our ladies who were our guests. Evidently Hampden fellows for the most part prefer roast beef to chicken!

As for me, medical menus that interlard science with a modicum of business, even socio-economics, are preferred.

E.P.B.

MEDICAL EDUCATION WEEK

Dear Hippocrat:

The third annual salute to the achievement of American medical schools—Medical Education Week—will again be sponsored next April 20-26, and we hope you will help us by alerting your membership to the objectives of this observance.

Your society and each medical school is now planning a local program for Medical Education Week, and last week we sent them a kit of materials to help them develop publicity through their newspapers, radio, television, and civic groups.

A successful Medical Education Week should be promoted throughout the entire community, and consequently we hope you will urge each and every member of your society to participate in it.

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Inositol	100 mg.
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Phosphorus (as Ca glycerophosphate)	39 mg.
Iodine (as KI)	1 mg.
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POLIO CONTROL: REAL OR APPARENT

Praise for the Salk vaccine in controlling polio has been pouring out from the caldrons of the "hucksters of health" for quite some time now. But what truly is the situation in the field of polio? What does the record show?

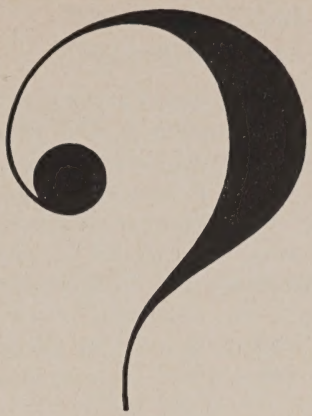
The following table shows the incidence of polio for the past ten years in the Country, the State, the County, and the City of Springfield.

Reported Cases of Polio
1948 - 1957

	U. S.	Mass.	Hampden County	Spfld.
1948	27,726	175	22	14
1949	42,033	1,782	62	25
1950	33,300	518	30	16
1951	28,366	288	13	5
1952	57,879	548	73	20
1953	35,592	635	70	30
1954	38,476	1,035	22	9
1955	29,270	3,950	89	38
1956	15,400	100	2	1
1957	5,894	25	7	1

A review of this ten year table shows that a seemingly dramatic change in the incidence of polio began to manifest itself in 1956. This is the year when the Salk vaccine was begun to be used extensively in mass inoculation of those under twenty years of age. By the time the 1957 polio season had arrived, most of those under twenty had already received their third inoculation or at least their first two. Concurrent with this extensive use of vaccine, a drop in the incidence of polio was noted. It is quite natural to ascribe this to a natural sequence of cause and effect and to say that Salk vaccine is

(continued on page 13)



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MEDICAL READER

"A Citadel Besieged"

An interesting editorial appears under the above caption in *GP,* Journal of the American Academy of General Practice. It has serious application to present as well as future conditions in our own area. "The citadel of clinical medical practice in the United States," according to the editorial, "is not the research institution nor the hospital. It is the office of the private practitioner . . . . It is the haven . . . . of those who oppose governmental, corporate, or union control . . . . It is amazing and a bit sad . . . . to see occasional physicians . . . . help destroy private medical practice by themselves referring private, ambulatory patients to hospital departments, rather than to the offices of privately practicing confreres for diagnostic services."

Another aspect of the same problem, the editorial points out, is illustrated by a case history. An industrial company launches a program of annual check-ups for its executives. At first, they are encouraged to see their own physicians. Next, they are required to be examined by physicians connected with a local medical school hospital. Many of these physicians gradually move the site of the examinations from their offices to the hospital, with necessary consultations being handled within the hospital departments. The next step is for the company (meanwhile joined by other companies) to suggest to the hospital that it establish a special department for just such examinations. The executives are then referred for these medical services directly to the hospital—no longer to physicians.

"Hospitals," the article continues, "have been built for sick people who need bed care. Their transmutation into community health centers and places of rendering service to private, ambulatory patients through employed physicians is the goal of hospital administration militants. The concept of the hospital as the community health center has been nurtured as a latter-day myth by a small group of hospital administrators." These people, according to the editorial, would make the voluntary hospital a corporate distributing agency for medical care. If they prevail, all doctors will become employees of hospitals and clinics—and eventually of the government.

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(continued from page 11)

preventing the dreadful sequelae of polio virus infection in human beings.

The true scientist, however, must still interject a note of caution by saying that there is an indication or suggestion of a most hoped for trend. There have been other years of low incidence and not in too remote a past. An experience of two years in the natural history of a disease process is still too small a sampling upon which to base a scientific law. More experience is still needed.

On the other hand, all must participate vigorously in this noble and practical experiment by maintaining and extending the immunity induced by the Salk vaccine, if such truly exists. All, regardless of age, should be inoculated, for we have much to gain and nothing to lose.

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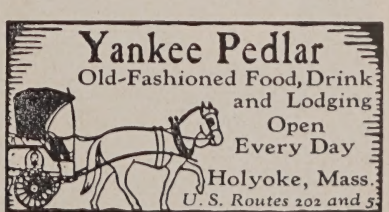

In Memoriam

DR. HAROLD F. BUDINGTON
1887 - 1958

Dr. Harold F. Budington died on February 13, 1958 at his home in Sturbridge, Mass. His age was 70.

Dr. Budington was born in New York City, and obtained his M. D. degree from Cornell University Medical College in 1909. He came to Springfield in 1911, where he continued to practice his chosen profession until his retirement seven years ago. In World War I he held the rank of captain and trained at the Rockefeller Institute for Medical Research, New York, and at the Army Medical School, Washington, D.C. During World War II, with the rank of colonel, he served for 46 months in the Medical Corps. He was a member of the Wesson Memorial Hospital and of the Springfield Health Department Hospitals. He was school physician for many years. More recently he served as trustee of the new Springfield Municipal Hospital.

Dr. Budington was a member of the American Medical Association, Massachusetts Medical Society, Hampden District Medical Society, Springfield Academy of Medicine, Springfield Medical Association of which he was a past president, and the Association of Military Surgeons of the U. S.

To the surviving members of his family and to his many friends the deepest sympathy is extended.

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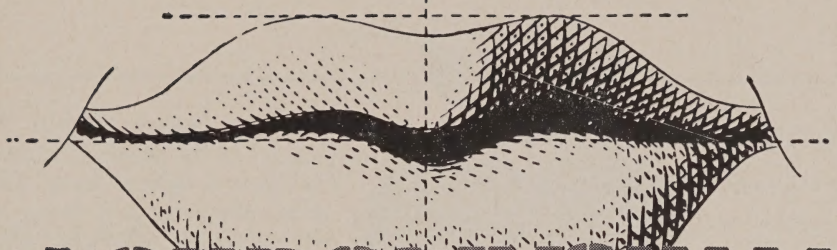

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QUOTES OF THE MONTH

"It is ill-advised and out of harmony and against our philosophy of free enterprise, I wholeheartedly oppose it."

Archbishop R. J. Cushing opposing State control of hospital charges.

"In reality, the Holyoke Soldiers' Home is the property of the people of Massachusetts. They have a right to know what is being spent, and why it is being spent. They are entitled to know the full details of its operation and the conduct of its personnel."

William Dwight, publisher of the Transcript - Telegram, Holyoke

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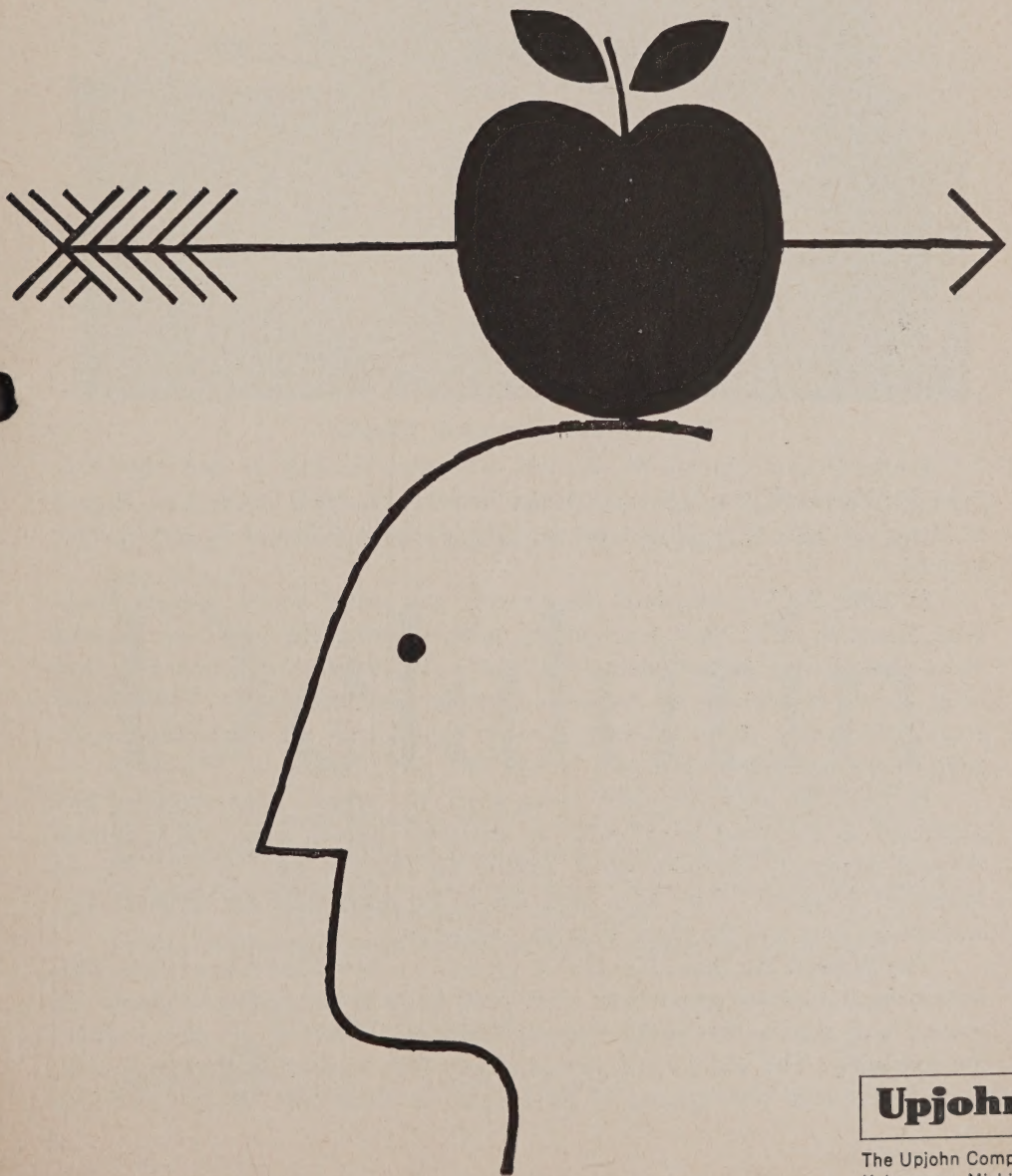

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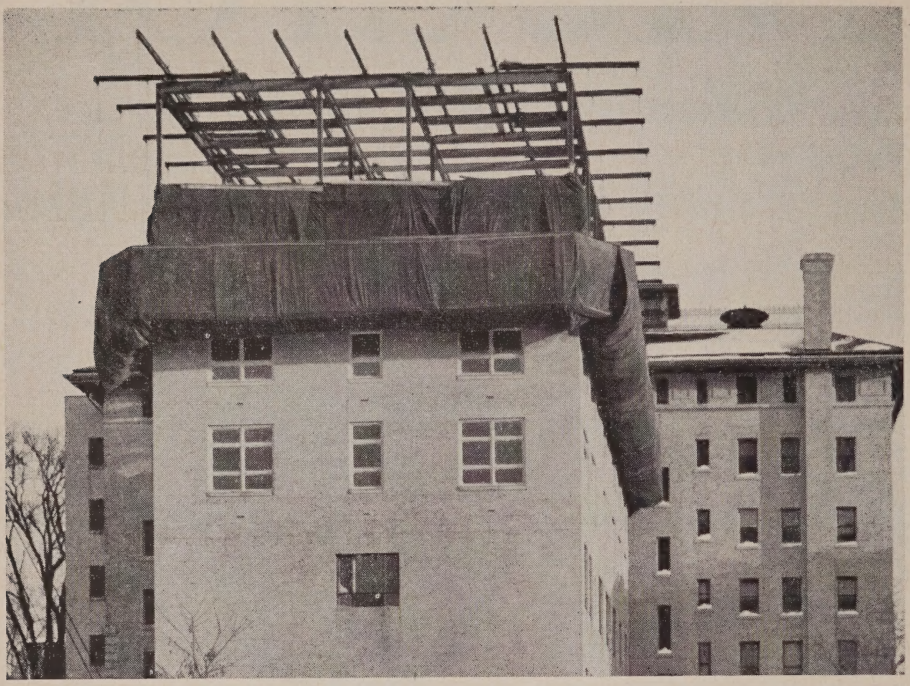
HOSPITAL CONSTRUCTION



IV — Wesson Memorial Hospital

Daniel B. and Cynthia M. Wesson, who were devoted to their physician, John H. Carmichael, presented him on January 29, 1900, with their elegant residence at 132 High Street in Springfield for a thirty bed homeopathic hospital.

In 1906, the Wessons built the present "east wing" of the Wesson Memorial Hospital, which had one hundred beds. During the next four decades many changes and improvements took place. In 1949, construction of a new wing, on the north side of the main building, was completed. This housed a new emergency room, laboratory, x-ray department, air conditioned operating rooms, and sixteen beds.

In 1954, the newly acquired "west wing" or "annex" was remodeled and connected to the "east wing" with an enclosed, heated ramp. This former Wesson Maternity Hospital thus became an integral part of the Wesson Memorial Hospital. The first two floors are now used for medical and surgical patients and the third floor for pediatrics.

The Wesson Memorial Hospital at present is a two hundred and three bed, voluntary, non-profit corporation. It is at present undergoing a period of growth and remodeling of its existing facilities. The over-all plan includes the following: The addition of approximately fifty medical and surgical beds, bringing the total bed capacity of the hospital to about two hundred and fifty

beds. It is anticipated that these additional rooms will be mainly two bed rooms and private rooms. Construction of this four story addition is already in progress on the north wing of the building.

The second phase of new construction will be the erection of a three story service building, also at the north end of the "east wing". This building will house a modern kitchen. An entirely new, centralized-type patient food service will be coordinated with this kitchen. This centralized-type patient food service will involve the preparation of the patients' trays in as complete a manner as possible in the kitchen itself. The trays will then be delivered directly to each patient. The floor above the kitchen will house a new central supply room.

A new corridor directly into the operating suite will serve as the connection between this unit and the present operating area. One more operating room will be added. On the first floor, a new cafeteria is being planned. The present auditorium will be enlarged. The new construction will also see the advent of a modern fire alarm system, and the improvement of the present paging system and nurses' call system.

The cost of the proposed new construction and remodeling of older buildings is estimated to be about one million dollars.

George A. Vassos, Jr., M. D.

NEXT MONTH, V — THE WING MEMORIAL HOSPITAL

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1. J.A.M.A. 163:356 (Feb. 2) 1957.

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BLUE SHIELD

On January 23, 1958, I received from Dr. Robert D. O'Malley a list of specific recommendations which had been presented by him on January 3, 1958 to the Councilors of Hampden District. The Blue Shield Professional Services Committee granted Dr. O'Malley's request that the recommendations be read to the society at its next meeting.

They are as follows:-

"1. A repetition of the undignified circumstances which have accompanied the changes in Blue Shield income levels and fee schedules is undesirable. These changes will affect the economic position of every doctor in the Commonwealth. Because of this, it is recommended that provision be made in the future for each individual doctor to be informed and to express an opinion on proposed *major* changes in Blue Shield, by poll if necessary, well in advance of any vote by the Council.

"2. The original action taken by the Blue Shield Committee and the Council on February 6, 1957 should not be allowed to set a precedent for hasty action in the future. The opinion of our own By-Laws Committee regarding the impropriety of the original vote in February should be recognized and endorsed by the Council. Proper respect for Council rules will prevent future irregularities of procedure. The legal counselor for the Blue Shield Committee, whose opinion as to the legality of this original action was quoted by the secretary of the Society but has never appeared in print, should submit a copy of this legal opinion for the information of the Society.

"3. Because Blue Cross is a hospital insurance plan whose cost is tied in with the rising costs in our economy over which we have no control and because the close association of Blue Cross and Blue Shield has made the medical profession equally and mistakenly guilty in the eyes of the public for higher costs of the Blue Cross-Blue Shield program every effort should be made to separate the Blue Cross and Blue Shield plans in the mind of the public. We should strongly oppose the increasing appropriation of such *medical* services as radiology and anesthesia by the Blue Cross *hospital* plan. The dangers of this close association are the definite future possibility that hospital care be taken over by the state such as is happening in Canada and abroad and that we doctors, by too close an association and intermingling relationship between Blue Cross and Blue Shield, can be drawn along with it.

"4. That a strong and intelligent public relations campaign be undertaken by our Blue Shield organization to point out how the doctors of the Commonwealth of Massachusetts have kept the cost of Blue Shield down to a point where increases in Blue Shield premiums and fees have fallen well behind the increases in cost of living, as opposed to marked increases in cost of hospital care and Blue Cross premiums. It should be pointed out repeatedly and graphically that these changes have been made possible by the doctors who have for years agreed to accept lower than average fees for services as a contribution to the voluntary medical care insurance.

"5. The Medicare fee schedule was set up at government requirements to care for a family group at the $4500 yearly income level. This same fee schedule without changes in premium has been used by the Massachusetts Blue Shield to cover the higher in-

come groups. It is obvious that in doing so some inequities in the fees schedule and coverages for service exist that require correction. It is strongly recommended that the Fee Committee be charged with the responsibility of correcting these deficiencies, many of which amount to no more than petty annoyances to doctor and subscriber. This almost certainly cannot be done at the present premium levels. Here again the separation of Blue Cross and Blue Shield in the mind of the public is important. Hospital expenses are expected to rise at the rate of 5% per year indefinitely. Future Blue Cross premium increases are inevitable. Blue Shield must be able to act independently or we will be handicapped constantly by this unfavorable publicity.

"6. Under the present system where determination of the income levels of subscribers has become increasingly important there occasionally arises a situation in which the amount of the subscriber's income is in question. The doctor's only protection against a subscriber who errs in reporting income is the distasteful right to demand proof as a last resort. It is recommended that this be handled by the Blue Shield offices with a simple form letter asking courteously for proof of such income limits. Upon receipt of this proof the doctor would be notified and the proper adjustment made. This more impersonal way of handling a delicate situation is preferable to the one which now places the *doctor* in the embarrassing position of asking for proof of income."

William F. Donoghue, M. D.,
Chairman, Blue Shield Professional Service Committee

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Riboflavin (B_2)	3 mg.
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d, Calcium Pantothenate	5 mg.
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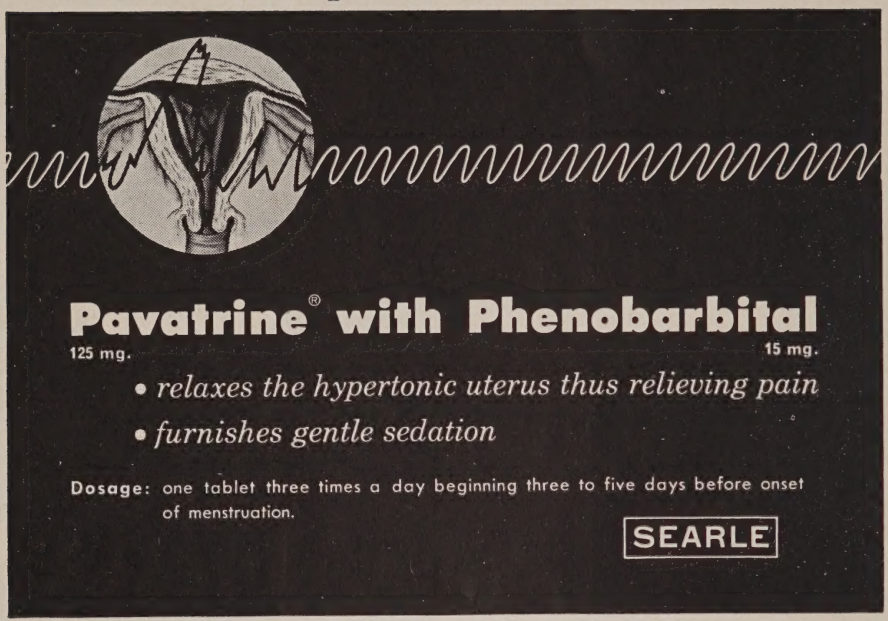
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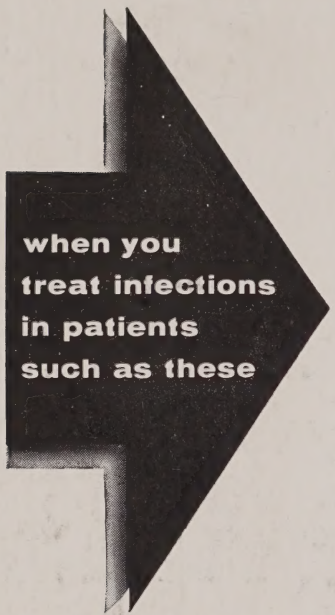

- debilitated
- elderly
- diabetics
- infants, especially prematures
- those on corticoids
- those who developed moniliasis on previous broad-spectrum therapy
- patients on prolonged and/or high antibiotic dosage
- women—especially if pregnant or diabetic

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